MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	l							51						
2		l						52						
3		l						53						
4		l						54						
5		l						55						
6		l						56						
7		l						57						
8		l						58						
9		l						59						
10		l						60						
11	l							61						
12	l							62						
13		l						63						
14		l						64						
15		l						65						
16		l						66						
17		l						67						
18		l						68						
19		l						69						
20		l						70						
21		l						71						
22	l							72						
23								73						
24								74						
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36								86						
37						.		87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	4	⬇		⬇		⬇		TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.	18	⬅		⬅		⬅		TOTAL DEP.		⬅		⬅		⬅
TOTAL CLAIMS	22							TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMDENDMENTS